STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M	ULTIPLE CO	INSTRUCTION	(X3) DATE COMPL		
AND PLAN	OF CORRECTION	15G442		LDING	00	03/16/	
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	ROVIDER OR SUPPLIE	R		402 EW			
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		JEFFEF	RSONVILLE, IN 47130		
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		NCY MUST BE PERCEDED BY FULL R LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION DATE
W0000	REGULTION	RESCRIBETION THROUGH ORGANITHON		1110			DATE
	This visit was for complaint #INO	or the investigation of 0104904.	W0	000			
	 Complaint #IN0	00104904: Substantiated,					
	•	iciencies related to the					
		cited at W120, W149,					
	W153 and W15						
	Dates of Survey and 16, 2012.	: March 5, 6, 7, 8, 12, 13					
	Facility Number	r: 000956					
	Provider Number						
	AIMS Number:						
		y Walton, Medical					
	Surveyor III.						
	findings in acco Quality Review	reficiencies reflect state rdance with 460 IAC 9. completed 4/16/12 by rd, Medical Surveyor III.					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	T OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G442	(X2) MULTIPLE CO A. BUILDING B. WING	00	— COM	TE SURVEY MPLETED 16/2012	
	ROVIDER OR SUPPLIE	R ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 402 EWING LN JEFFERSONVILLE, IN 47130				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PERCEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE DEFICIENCY)	RRECTION SHOULD BE APPROPRIATE	(X5) COMPLETION DATE	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE SU	JRVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	DING	00	COMPLE	TED
		15G442	B. WIN			03/16/2	012
NAME OF B	DROWNER OF GUIDNIED			STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	PROVIDER OR SUPPLIER			402 EW	/ING LN		
RES CAF	RE COMMUNITY AI	LTERNATIVES SE IN		JEFFEF	RSONVILLE, IN 47130		
(X4) ID		TATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF CORRECTION			(X5)
PREFIX	`	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ГЕ	COMPLETION
TAG W0120		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	+	DATE
W0120	SOURCES	assure that outside services of each client.					
		ation and interview for 3	W0	120	W120: The facility must assu	ıre	04/28/2012
		ents (A, B and C), and 4		-	that outside services meet th	-	
	_	s (D, E, F and G), the			needs of each client Correcti	ve	
		y failed to disseminate			Action: (Specific) The		
		provide training to their			Operations Manager for SGL versions meet with the Program Director		
		vider to ensure each day			the workshop to provide/ensur		
	1	ee understood their rights			that all workshop staff are train		
		•			on the Abuse, Neglect Policy a		
	and responsibilities pertaining to the Elder Justice Act; which requires specific				Procedure as pertaining to the		
					Elder Justice Act. How others will be identified: All Program		
		plicable long term care			Coordinators will ensure that a	I .	
	facilities to repor	-			workshop staff are trained on t		
	-	nes committed against a			Abuse, Neglect Policy and		
	resident of that fa	• •			Procedure as pertaining to the		
	~	3(B)(3) of The Patient			Elder Justice Act. Measures t		
		ffordable Care Act of			be put in place: The Operation Manager for SGL will meet wit		
	_	o section 1150B of the			the Program Director of the	''	
	Social Security A	Act.)			workshop to provide/ensure th		
	Findings include	:			all workshop staff is trained on the Abuse, Neglect Policy and Procedure as pertaining to the		
	During observati	ons at the day services			Elder Justice Action: All Dragge		
		/12 from 12:15 PM until			Corrective Action: All Progra Coordinators will ensure that a		
	1 ^	3/08/12 from 1:00 PM			workshop staff are trained on t	I .	
		ients B, C, D, E, F, and			Abuse, Neglect Policy and		
		to be working at the day			Procedure as pertaining to the		
		(not affiliated with the			Elder Justice Act.		
		y). During the various					
	times of the obse	• /					
		9, #10, #11 and #12					
	•						
	interacted/worke	d with the clients.					

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	TOF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G442		LDING	NSTRUCTION 00	(X3) DATE COMPL 03/16/	ETED
	PROVIDER OR SUPPLIER	_TERNATIVES SE IN	р. үүн	STREET A	ADDRESS, CITY, STATE, ZIP CODE ING LN RSONVILLE, IN 47130		
(X4) ID PREFIX	SUMMARY S' (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	E RIATE	(X5) COMPLETION
TAG	Environmental to the observation to documentation react and the staff thereof. An incident report (reviewed 3/05/1 workshop staff horeof) (female) exiting a male peer at 11 Client A was into 11:45 AM) with staff #5 (acting horizontal horizon	2 3:00 PM) indicated ad witnessed client A a bathroom together with :00 AM on 3/01/12. erviewed (3/01/12 at assistance from facility ouse manager). Client A is using the restroom eer knocked on the anting entry. She him into the restroom room which locked on incident report alleged were down" while in the male peer and he is in a sexual manner with alle peer told client A to encounter. According to rt, client A "stated at she was scared."		TAG	DEFICIENC!)		DATE

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	OF CORRECTION OF CORRECTION 15G442	(X2) MULTIPLE CO A. BUILDING B. WING	NSTRUCTION 00	COM	E SURVEY PLETED 6/2012
	PROVIDER OR SUPPLIER RE COMMUNITY ALTERNATIVES SE IN	402 EW	ADDRESS, CITY, STATE, ZIP CO /ING LN RSONVILLE, IN 47130	DE	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE AP DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	review. The interview indicated day services staff had not been trained and there was no posted information regarding the Elder Justice Act and the staff's rights/responsibilities thereof. The interview indicated the incident of alleged sexual molestation by a peer affecting client A had not been reported to the local police. Interview with workshop supervisory staff #9 and #10 on 3/16/12 at 2:30 PM indicated the residential agency had not provided training with the day services agency so they were not aware of the reporting requirements of the Elder Justice Act in regards to law enforcement. "Law Enforcement" is defined in section 2011(14) of the ACT (as added by section 6703(a)(1)(C) of the Affordable Care Act) as the full range of potential responders to abuse, neglect, or exploitation of covered individuals including, but not limited to, police and sheriffs (reviewed ACT 3/08/12 10:00 AM). This federal tag relates to complaint #IN00104904. 9-3-1(a)				

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Event ID: VMXE11

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G442			(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 03/16/2012
NAME OF P	PROVIDER OR SUPPLIE	R		ADDRESS, CITY, STATE, ZIP CODE	
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		VING LN RSONVILLE, IN 47130	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES NCY MUST BE PERCEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA					(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED
		15G442	B. WIN			03/16/2012
					ADDRESS, CITY, STATE, ZIP CODE	
NAME OF P	PROVIDER OR SUPPLIER	<u>t</u>		402 EV	VING LN	
	RE COMMUNITY AI	LTERNATIVES SE IN		JEFFEI	RSONVILLE, IN 47130	
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	
TAG		LSC IDENTIFYING INFORMATION)	-	TAG	DEFICIENCY	DATE
W0149	0149 483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit					
	mistreatment, ne	eglect or abuse of the client.				
	Based on record	review and interview, for	W0	149	W149: The facility must devel	
	1 of 1 facility inv	vestigations of reportable			and implement written policies	
		d sexual abuse, client A)			and procedures that prohibit mistreatment, neglect or abuse	o of
	` •	cility failed to implement			the client. Corrective Action:	÷ 01
	·	cedures which ensured all			(Specific) The Quality	
	allegations of abuse/neglect/exploitation of clients were reported to applicable agencies and were thoroughly				Assurance staff will be retrained	ed
					that allegations of mistreatmer	
					neglect or abuse (which includ	• • • • • • • • • • • • • • • • • • •
					sexual molestation) as pertain	_
	investigated.				to the Elder Justice Act will be thoroughly investigated.	
	E. 1 1 1				Applicable agencies, such as t	:he
	Findings include	:			local police/law enforcement	
					agency will be notified of the	
	1	ervices' incident reports			allegations. How others will be	• • • • • • • • • • • • • • • • • • •
		5/12 at 3:00 PM. The			identified: (Systemic) All staf	f
	incident report re	eview indicated the			are trained on the Abuse, Neglect, Exploitation Policy an	nd
	following allegat	tion of client to client			the Elder Justice Act during	u
	sexual molestation	on:			orientation. At annual training	js l
					staff are retrained on the Abus	·
	An incident repo	rt dated 3/01/12			Neglect, Exploitation Policy an	• • • • • • • • • • • • • • • • • • •
	indicated worksh	nop staff #3 had			Procedure and the Elder Justic	æ
		A (female) exiting a			Act. Measures to be put in place: The Quality Assurance	
		er with a male peer on			staff will be retrained that	
	1	AM. Client A was			allegations of mistreatment,	
		3/01/12 at 11:45 AM)			neglect or abuse (which includ	
	`	from facility staff #5			sexual molestation) as pertaini	•
	(acting house ma	•			to the Elder Justice Act will be thoroughly investigated.	
	, •	s using the restroom			Applicable agencies, such as t	:he
		•			local police/law enforcement	
	_	eer (client D) knocked on			agency will be notified of the	
		or wanting entry. She			allegations. Monitoring of	
	indicated she let	him into the restroom			Corrective Action: The	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G442		A. BUII	LDING	NSTRUCTION 00	(X3) DATE : COMPL 03/16/	ETED	
		15G442	B. WIN			03/10/	2012
NAME OF P	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE		
DE0.045	DE OOMMUNUTY A	TERMATIVES OF IN		402 EW			
RES CAF	RE COMMUNITY AI	LTERNATIVES SE IN		JEFFEF	RSONVILLE, IN 47130		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	_	TAG			DATE
	` •	room which locked on			Executive Director reviews all investigations to ensure that a		
	· /	ncident report alleged			allegations of mistreatment,	111	
	_	were down" while in the			neglect, abuse, and the Elder		
	bathroom with th	ne male peer and he			Justice Act are thoroughly		
	touched her body	in a sexual manner with			investigated and that appropri	ate	
	his body. The ma	ale peer told client A to			agencies are notified.		
	tell no one of the	encounter. According to					
	the incident repo	rt, client A "stated					
	multiple times th	at she was scared."					
	_						
	Review of the re-	sidential agency's					
		nt reports on 3/05/12 at					
		ed they had been notified					
		13/01/12 but there was					
		allegation of sexual					
		client A and a male peer					
		d to a law enforcement					
	_	The agency's 3/07/12					
	~ ~ .	the 3/01/12 incident was					
	_	3/12 at 5:15 PM. The					
		tained no evidence the					
		ement had been notified					
	regarding the alle	•					
		rescribed by the Elder					
		w Enforcement" is					
		n 2011(14) of the ACT					
	`	tion 6703(a)(1)(C) of the					
		Act) as the full range of					
		lers to abuse, neglect, or					
	exploitation of co	overed individuals					
	including, but no	t limited to, police and					
	sheriffs (reviewe	d ACT 3/08/12 10:00					
	AM).						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G442			LDING	NSTRUCTION 00	(X3) DATE COMPL 03/16/	ETED	
	PROVIDER OR SUPPLIER	TERNATIVES SE IN	p. wii.	STREET A	IDDRESS, CITY, STATE, ZIP CODE ING LN RSONVILLE, IN 47130	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE	(X5) COMPLETION DATE
	3/01/12 incident at 5:15 PM. The indicated "It is the investigation correlated correlation of [clippeer/client D] has was unsubstantiated of exam at Urgent of The investigation other areas of rig (intimidation to grestroom while of possibility of sees stages of undress coercion/inapproforms of sexual of the workshop staff # 3/06/12 at 1:30 F clients A and D I leaving a single stime on 3/01/12 interview indicated to be monitored accompanied him monitor/interven (inappropriate see as the client touch consensual agreed verbal aggression tasks/prompts by	ent A] and [male ving sexual intercourse ted. The allegation was due to the results of her Care." n process did not address this violations gain access to the					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00	COMPLETED
		15G442	B. WIN	IG		03/16/2012
NAME OF F	PROVIDER OR SUPPLIER			STREET A	ADDRESS, CITY, STATE, ZIP CODE	
				402 EW		
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		JEFFEF	RSONVILLE, IN 47130	
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	`	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE
		PM and stated client D				
		dating" and female				
	•	mers and staff had				
	complained he m	nade them feel				
	uncomfortable in	h his manner of				
	addressing them	in a sexually provocative				
	manner.					
	The "Abuse/Neg	lect/Exploitation Policy				
	and Procedure" of	component of the				
	agency's 10/25/1	0 Operational Policy and				
		al was reviewed on				
	March 8, 2012 at	t 12:00 PM. The review				
	· ·	ency prohibited sexual				
	1	The definition of sexual				
	abuse was as follows:					
		lure to act, that results or				
		notional injury to an				
	individual.	notional injury to an				
		ulting or profane				
		ures directed toward an				
		abject him or her to				
		2				
	humiliation or de					
		sual act of a sexual nature				
	_	ividual. The act may be				
	_	ratification of the				
	perpetrator or a t					
	_	allows or encourages				
	forced sexual act	rivity."				
	*	#9 was interviewed on				
		PM and indicated the				
	police had not be	een notified regarding the				
	incident.					

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	OF CORRECTION X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G442	(X2) MULTIPLE CO A. BUILDING B. WING	00	(X3) DATE SURVEY COMPLETED 03/16/2012
	PROVIDER OR SUPPLIER RE COMMUNITY ALTERNATIVES SE IN	402 EW	ADDRESS, CITY, STATE, ZIP COD /ING LN RSONVILLE, IN 47130	E
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPI DEFICIENCY)	LD BE COMPLETION
	Residential agency administrative staff #1 was interviewed on 3/16/12 at 1:53 PM and indicated the agency prohibited sexual abuse of clients and investigated all allegations. The interview indicated there had been no additional reports (to law enforcement) concerning the incident of 3/01/12 with client A and the male peer. This federal tag relates to complaint #IN00104904. 9-3-2(a)			

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STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CC	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BIII	LDING	00	COMPL	ETED
		15G442	B. WIN		·	03/16/	2012
				STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF I	PROVIDER OR SUPPLIER			402 EW	/ING LN		
RES CAI	RE COMMUNITY AI	TERNATIVES SE IN		JEFFEF	RSONVILLE, IN 47130		
(X4) ID		TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	ΓE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
W0153	The facility must mistreatment, ne injuries of unkno immediately to the officials in accordestablished procestablished procestablished facility failed for regarding alleged.	review and interview, the 1 of 1 investigation d client to client abuse	W0	153	W153: The facility must ensur that all allegations of mistreatment, neglect or abuse as well as injuries of unknown		04/28/2012
	(sexual molestati	on) (client A), to			source are reported immediate	ely	
	immediately repo	ort allegations of			to the administrator or to other		
	abuse/neglect to	the Police Department.			officials in accordance with Sta	ate	
		f facility incident reports 5/12 at 3:00 PM and			law through established procedures. Corrective Action (Specific) The Quality Assurar staff will be retrained that allegations of mistreatment, neglect or abuse (which includes exual molestation) as pertain to the Elder Justice Act will be	es	
	client A (female) together with a methat date. Client 3/01/12 at 11:45 facility staff #5 (Client A indicate restroom when the restroom doo indicated she let (single stall baths the inside). The i	op staff had witnessed exiting a bathroom hale peer at 11:00 AM on A was interviewed on AM with assistance from acting house manager). It is a she was using the he male peer knocked on r wanting entry. She him into the restroom room which locked on ncident report alleged were down" while in the			thoroughly investigated. Applicable agencies, such as a local police/law enforcement agency will be notified of the allegations. How others will be identified: (Systemic) During orientation training and during annual training, all staff are trained/retrained on the Abuse and Neglect and Exploitation Policy and Procedure, as well the Elder Justice Act. Measure to be put in place: The Quality Assurance staff will be retrained that allegations of mistreatmer neglect or abuse (which include sexual molestation) as pertain to the Elder Justice Act will be thoroughly investigated.	the as s ty ed int, es	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G442		(X2) MU A. BUII B. WIN	LDING	NSTRUCTION 00	(X3) DATE COMPL 03/16/	ETED	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 402 EWING LN JEFFERSONVILLE, IN 47130				
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION DATE
IAG	bathroom with the touched her body, his body. The mare tell no one of the the incident reportation multiple times the incident reportation of the all 3/01/12, but local not been notified. Justice Act. "Law defined in section (as added by sect Affordable Care potential responding exploitation of concluding, but not sheriffs (reviewed AM). Review of the reportation of the incident	e male peer and he in a sexual manner with alle peer told client A to encounter. According to rt, client A "stated at she was scared."		IAG	Applicable agencies, such as local police/law enforcement agency will be notified of the allegations. Monitoring of Corrective Action: The Executive Director reviews al investigations to ensure that allegations of mistreatment, neglect, abuse, and the Elder Justice Act are thoroughly investigated and that appropriagencies are notified.	the I all	DATE

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G442		A. BUILDING B. WING	COMPLETED 03/16/2012				
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP CODE 402 EWING LN JEFFERSONVILLE, IN 47130					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CC PREFIX (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETION				
	Workshop staff #9 was interviewed on 3/08/12 at 1:30 PM and indicated the police had not been notified regarding the incident. Residential agency administrative staff #1 was interviewed on 3/16/12 at 1:53 PM and indicated there had been no additional reports concerning the incident of 3/01/12 with client A and the male peer. This federal tag relates to complaint #IN00104904. 9-3-2(a)						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	00	COMPLETED		
15G442			B. WING 03/16/2012			
NAME OF	PROVIDER OR SUPPLIE	R	STREET	ADDRESS, CITY, STATE, ZIP CODE		
IVANIE OF	I KOVIDEK OK BOTTEIE.	I.		WING LN		
RES CA	RE COMMUNITY A	ALTERNATIVES SE IN	JEFFE	ERSONVILLE, IN 47130		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	`	NCY MUST BE PERCEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	COMPLETION	
TAG	1	R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE	
W0154	154 483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview, for					
			W0154	W154: The facility must have	04/28/2012	
		vestigations of reportable		evidence that all alleged		
	1	ed abuse, client A)		violations are thoroughly investigated. Corrective Actio	n.	
	reviewed, the fa	cility failed to ensure all		(Specific) The Quality Assura		
		e thoroughly investigated.		staff will be retrained that		
				allegations of mistreatment,		
	Findings include	e:		neglect or abuse (which includes		
				sexual molestation) as pertain to the Elder Justice Act will be		
	Review of day services incident reports was done on 3/05/12 at 3:00 PM. The			thoroughly investigated.		
				Applicable agencies, such as	the	
incident report revie		review indicated the		local police/law enforcement		
	following allegation of client to client sexual molestation:			agency will be notified of the allegations. How others will	ho	
				identified: (Systemic) During		
				orientation training and during		
	An incident repo	ort dated 3/01/12		annual training, all staff are		
	indicated workshop staff #3 had witnessed client A (female) exiting a			trained/retrained on the Abuse		
				and Neglect and Exploitation Policy and Procedure, as well	26	
		ner with a male peer at		the Elder Justice Act. Measure		
	11:00 AM on 3/01/12. Client A was interviewed on 3/01/12 at 11:45 AM with assistance from facility staff #5 (acting house manager). Client A indicated she			to be put in place: The Quali	ity	
				Assurance staff will be retrain		
				that allegations of mistreatme		
				neglect or abuse (which include sexual molestation) as pertain		
				to the Elder Justice Act will be	-	
		estroom when the male		thoroughly investigated.		
	peer (client D) knocked on the restroom door wanting entry. She indicated she let him into the restroom (single stall			Applicable agencies, such as	the	
				local police/law enforcement		
				agency will be notified of the		
	bathroom which locked on the inside).			allegations. Monitoring of Corrective Action: The		
	The incident report alleged client A's			Executive Director reviews all		
	_	vn" while in the bathroom		investigations to ensure that a		
	with the male pe	eer and he touched her		allegations of mistreatment,		
				neglect, abuse, and the Elder		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G442		(X2) MULTIPLE (A. BUILDING	OONSTRUCTION OO	COM	TE SURVEY MPLETED 16/2012			
		130442	B. WING			10/2012		
NAME OF PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP (CODE			
RES CARE COMMUNITY ALTERNATIVES SE IN			402 EWING LN JEFFERSONVILLE, IN 47130					
				TOONVILLE, IN 47 150				
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION S		(X5) COMPLETION		
TAG			TAG	CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DATE		
		manner with his body.		Justice Act are thorou	ghly			
	1 -	ld client A to tell no one		investigated and that a	appropriate			
		According to the		agencies are notified.				
		elient A "stated multiple						
	times that she wa	_						
	Client A's record	was reviewed on						
	3/06/12 at 2:30 F	PM and 3/07/12 at 5:15						
	PM. The reviews	s indicated an individual						
	support plan/ISP	with accompanying						
	comprehensive f	unctional/CFA						
	assessment dated 4/11/11 by Program Coordinator staff #1. The ISP indicated the client's sister was her health care							
	representative. T	he CFA indicated client						
	A was assessed a	s requiring the assistance						
	of a health care r	epresentative in the areas						
	of medical, progr	ramming, behavioral,						
	financial, and sex	xual. The CFA indicated						
		derstanding but was "not						
		onsibly" and "required						
	_	hese areas. The record						
		client A was not taken to						
	_	acility but facility staff						
	#5 made an appo							
	1	o practiced with the						
		ne routinely saw for						
	examinations.	0.41						
		of client's A's 3/01/12						
	1	a gynecologist was						
		7/12 at 3:10 PM and						
		ent was being examined						
		"sexual assault" and the						
	client "states her	anus hurts a bit when						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY					
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING			COMPL		
15G442			B. WIN			03/16/	2012
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP CODE		
RES CARE COMMUNITY ALTERNATIVES SE IN				402 EW	ING LN RSONVILLE, IN 47130		
					RSONVILLE, IN 47 130		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG			COMPLETION DATE
IAG		amination indicated client		IAG	,		DATE
		ajora was found to be					
	"inflamed" with	3					
		ss) on inner right labia					
	· ·	1.5 cm (centimeters) at					
	(about) 7 o'clock						
	(about) / b clock	. position					
	The agency's 3/0	7/12 investigation of the					
		was reviewed on 3/08/12					
		investigation's summary					
		9					
	indicated "It is the conclusion of the investigation committee that the allegation of [client A] and [male peer/client D] having sexual intercourse was unsubstantiated. The allegation was unsubstantiated due to the results of her exam at Urgent Care."						
	_	n process did not address					
	other areas of rig	-					
	_						
	(intimidation to gain access to the restroom while client A was in it,						
	possibility of seeing client A in various stages of undress, possibility of sexual coercion/inappropriate touching or other						
	Torins or sexual 6	exploitation/molestation).					
	Workshop staff	#3 was interviewed on					
	_	PM. The staff indicated					
		nad been observed					
		stall restroom at the same					
		at 11:00 AM. The					
		ted client D was supposed					
		by residential staff who					
	accompanied him	n to the workshop to					

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PRINTED: 05/07/2012 FORM APPROVED OMB NO. 0938-0391

	of Correction identification number: 15G442	A. BUILDING B. WING	00	COMPL 03/16/	ETED		
	PROVIDER OR SUPPLIER RE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 402 EWING LN JEFFERSONVILLE, IN 47130					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE		
	monitor/intervene with his behaviors (Inappropriate sexual interaction, defined as the client touching others without consensual agreement, physical and verbal aggression, noncompliance with tasks/prompts by staff and stealing). Workshop staff #9 was interviewed on 3/08/12 at 1:30 PM and stated client D could be "intimidating" and female workshop consumers and staff had complained he made them feel uncomfortable in his manner of addressing them in a sexually provocative manner. This federal tag relates to Complaint #IN00104904. 9-3-2(a)						

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